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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonapplications under 37C.F.R. §1.53(b))

Attorney Docket No.

PC22039A

First Inventor

Anthony David Auffret

Title

PROCESS FOR CONTROLLING THE HYDRATE MIX OF A COMPOUND

Express Mail Label No.

EV 341079604 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 15]	a. <input type="checkbox"/> Computer Readable Copy (CRF)
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R&D	
- Reference to sequence listing, a table, or a computer program listing appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets 1]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 1]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. <input type="checkbox"/> Other:	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or  Correspondence address below

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NAME (Print/type)	Elsa Djuardi	Registration No. (Attorney/Agent)	45,963
Signature	<i>Elsa Djuardi</i>		Date
			June 23, 2003

15956 U.S. PRO  
10/601355  
06/23/03

02527  
06/23/03  
U.S. PTO

PTO/SB/17(01/03)  
Approved for use through 04/20/2003 OMB 0651-0032  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

## FEE TRANSMITTAL

### for FY 2003

Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$ 750.00)

METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

500329

Deposit Account Name

Agouron Pharmaceuticals, Inc.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account.

#### FEE CALCULATION

##### 1. BASIC FILING FEE

Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filings fee	
<b>SUBTOTAL (1)</b>		<b>750</b>			

##### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	20	-20**= 0	x 0 = 0
Independent Claims	2	-3**= 0	x 0 = 0
Multiple Dependent			0 = 0

\*\* or number previously paid, if greater; For Reissues, see below

##### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>750.00</b>

Complete if Known	
Application Number	To Be Assigned
Filing Date	Filed Herewith
First Named Inventor	Anthony David Auffret
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	PC22039A US

#### FEE CALCULATION (continued)

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
2051	65
1052	50
2052	25
1053	130
1053	130
1812	2,520
1812	2,520
1804	920*
1804	920*
1805	1,840*
1805	1,840*
1251	110
2251	55
1252	410
2252	205
1253	930
2253	465
1254	1,450
2254	725
1255	1,970
2255	985
1401	320
2401	160
1402	320
2402	160
1403	280
2403	140
1451	1,510
1451	1,510
1452	110
2452	55
1453	1,300
2453	650
1501	1,300
2501	650
1502	470
2502	235
1503	630
2503	315
1460	130
1460	130
1807	50
1807	50
1801	750
2801	375
1806	180
1806	180
8021	40
8021	40
1809	750
2809	375
1810	750
2810	375
Other Fee (specify)	

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

SUBMITTED BY		Complete (if Applicable)	
Name (Printed/Type)	Elsa Djuardi	Reg. Number	45,963
Signature	<i>Elsa Djuardi</i>	Telephone	858-638-6117